



NOV 12 2003

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/927,966
		Filing Date	August 10, 2001
		First Named Inventor	Gary E. Harman
		Group Art Unit	1651
		Examiner Name	I. Marx
Total Number of Pages in This Submission	10	Attorney Docket Number	19603/3461 (CRF D-2659A)

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Michael L. Goldman, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	<i>Michael L. Goldman</i> Registration No. 30,727
Date	November 7, 2003

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

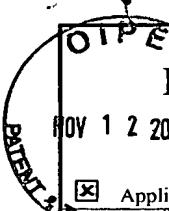
- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

November 7, 2003

Date

Jo Ann Whalen
Signature
Jo Ann Whalen

Typed or printed name



FEE TRANSMITTAL
NOV 12 2003 FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$475)

Complete if Known	
Application Number	09/927,966
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First Named Inventor	Gary E. Harman
Examiner Name	I. Marx
Art Unit	1651
Attorney Docket No.	19603/3461 (CRF D-2659A)

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account: Deposit Account Number 14-1138					
Deposit Account Name Nixon Peabody LLP					
The Commissioner is authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 0)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	5	Extra Claims -20**	0	Fee from below X 9	Fee Paid 0
Independent Claims	1	-4**	0	X 43	= 0
Multiple Dependent			X 143	= 0	
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$ 0)	

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Michael L. Goldman	Registration No. (Attorney/Agent)	30,727	Telephone	(585) 263-1304		
Signature	<i>Michael L. Goldman</i>			Date	November 7, 2003		

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FEE CALCULATION (continued)			
3. ADDITIONAL FEES			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 475)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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